

STATE OF DELAWARE UNIFORM TRAFFIC COLLISION REPORT												COMPLAINT NO. 5514		DSP HQ. NO. (LEAVE BLANK)									
<input type="checkbox"/> REPORTABLE PROPERTY DAMAGE		<input checked="" type="checkbox"/> NON-REPORTABLE																					
<input type="checkbox"/> PERSONAL INJURY		<input type="checkbox"/> LATE REPORT																					
<input type="checkbox"/> FATALITY		<input type="checkbox"/> HAZ/MAT.																					
		<input type="checkbox"/> COMM. VEH.																					
3. MON. - DATE - YEAR			4. DAY		5. TIME OCCURRED		6. NOTIFIED		7. ARRIVED		8. GRID NO.		9. SECTOR		12. LIGHT CONDITION								
04/23/02			TU		0813						1				<input type="checkbox"/>								
10. NUMBER & NAME OF STREET OR HIGHWAY - CTY. RTE. NO. - INTERSECTING WITH STREET OR ROAD - CTY. RTE. NO.												13. WEATHER CONDITION		14. SURFACE CONDITION									
OLD BALTIMORE PIKE 1/2 R 336 - 1/2																							
11. NON. FEET [N] E INTERSECTING WITH STREET OR ROAD - CTY. RTE. NO.												15. TRAFFIC CONTROL		16. FUNCT. PROPER									
INTSECT. 150 MILES [S] W OF: GOODWIN DR. NO 1/2 R												<input type="checkbox"/>		<input type="checkbox"/>									
16. PRIM. CONTRIB. CIRCUM.		8. SPEED TOO FAST		9. FAIL TO YIELD ROW		11. DISREGARD TRAFFIC SIGNAL		12. DROVE LEFT OF CENTER		14. FOLLOWING TOO CLOSE		15. MADE IMPROPER TURN		17. MECH. DEFECT									
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>									
17. COLLISION INVOLVED		18. ON RDWY.		19. EMERG. RESPON.		20. MILES		[N] E [S] W IN: CITY OR TOWN		21. CTY.		22. CODE		23. MILE POINT									
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>																			
24. NAME LAST FIRST M.I.				24. NAME LAST FIRST M.I.				24. NAME LAST FIRST M.I.				24. NAME LAST FIRST M.I.											
NO. 1 ADAMS ASHLEY T				NO. 2 SHELDON JOELLEN C				NO. 3				NO. 4											
25. STREET ADDRESS												25. STREET ADDRESS											
186 INDEPENDENCE DR												708 PEBBLE BEACH DR											
26. CITY		27. STATE		28. ZIP		29. PHONE		26. CITY		27. STATE		28. ZIP		29. PHONE									
ELKTON		MD		21921		410 392 6421		ELKTON		MD		21921		410 392 3216									
30. DRIVERS LICENSE NO.		31. STATE		32. DOB		33. AGE		34. SEX		30. DRIVERS LICENSE NO.		31. STATE		32. DOB									
								M F						M F									
35. SOBRIETY		36. TESTED		37. TYPE		RESULT 0. %		TEST NUMBER		35. SOBRIETY		36. TESTED		37. TYPE									
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>									
38. VEHICLE YR.		39. VEHICLE MAKE		40. MODEL		41. BODY STYLE		38. VEHICLE YR.		39. VEHICLE MAKE		40. MODEL		41. BODY STYLE									
78		HONDA		ACCORD				78		VOLVO		S70											
42. REGISTRATION NO.		43. STATE		44. COLOR		45. DAMAGE		46. TRAILERS		42. REGISTRATION NO.		43. STATE		44. COLOR									
GRX 191		MD		SIL		\$ 20.00		0 1 2 3		HLR 539		MD		BLUE									
47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.		47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.		47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.		47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.		47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.		47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.		47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.		47. VEHICLE/TRACTOR OWNER: LAST FIRST M.I.									
48. STREET		CITY		STATE		48. STREET		CITY		STATE		48. STREET		CITY									
49. INSURANCE COMPANY		NUMBER		49. INSURANCE COMPANY		NUMBER		49. INSURANCE COMPANY		NUMBER		49. INSURANCE COMPANY		NUMBER									
STATE FARM		20 7218 712		STATE FARM		20 5754 A16 20		STATE FARM		20 5754 A16 20		STATE FARM		20 5754 A16 20									
50. CHARGE/SECTION NO.		51. ARREST NO.		50. CHARGE/SECTION NO.		51. ARREST NO.		50. CHARGE/SECTION NO.		51. ARREST NO.		50. CHARGE/SECTION NO.		51. ARREST NO.									
52. NO. 1 TOWED BY:		1. REAR		2. PASSING		3. ANGLE		4. RIGHT TURN		5. RIGHT TURN		11. OTHER		52. NO. 2 TOWED BY:									
TO:														TO:									
53.		6. HEAD ON		7. SIDESWIPE		8. INDICATE OBJECT		9. LEFT TURN		10. LEFT TURN		53.		53.									
CODE												WITNESS INFORMATION: (NAME, ADDRESS, PHONE NO., LOCATION)				GENERAL				17. COLLISION INVOLVED			
55. NO WITNESS																1. YES				37. MV IN TRANSPORT			
																2. NO				38. NON-COL OVERTURN			
																3. UNKNOWN				39. MV ON OTHER ROWY			
																4. N/A				40. PEDESTRIAN			
																5. PENDING				41. PARKED VEHICLE			
																6. NONE				42. RAILROAD TRAIN			
																7. OTHER				43. PEDALCYCLIST			
																12. LIGHT COND.				44. ANIMAL			
																18. DAYLIGHT				45. FIXED OBJECT*			
																19. DAWN/DUSK				46. OTHER OBJECT*			
																20. DARK/LIT				47. OTHER NON-COLLIS.			
																21. DARK/UNLIT							
																13. WEATHER				35. SOBRIETY			
																22. CLEAR				48. NOT DRINKING			
																23. RAIN				49. HBD NOT IMPAIRED			
																24. SNOW/SLEET				50. HBD IMPAIRMENT UNK			
																25. FOG				51. UNDER THE INFLUENCE			
																26. CLOUDY							
																14. SURFACE				52. PBT			
																27. DRY				53. BREATH } 37. TYPE			
																28. WET				54. BLOOD			
																29. SNOWY				55. URINE			
																30. ICY				41. BODY STYLE			
																15. CONTROLS				56. PASSENGER CAR			
																31. STOP SIGN				57. PICK-UP TRUCK			
																32. STOP & GO LIGHT				58. VAN/PANEL TRUCK			
																33. YIELD SIGN				59. FARM VEHICLE			
																34. WARNING SIGN				60. MOTORCYCLE			
																35. LANE MARKINGS				61. BUS			
																36. FLASHING SIGNAL				62. SCHOOL BUS			
																				63. 6 WHEEL TRUCK			
																				64. 10 WHEEL TRUCK			
																				65. TRACT. & SEMI. TR.(S)			
56. INVESTIGATING OFFICER				RANK		I.D. NUMBER		57. SUPERVISOR'S APPROVAL DATE				58. REVIEWER		59.		PAGE 1 OF 2							
R. LEWIS				CPL		394		04/26/02															

<input checked="" type="checkbox"/> 60. CONTINUATION	STATE OF DELAWARE UNIFORM TRAFFIC COLLISION REPORT CONTINUATION/SUPPLEMENT	DSP-9 TROOP/DEPARTMENT	1. 09-02 36437	2. COMPLAINT NUMBER	DSP HQ. NO. (LEAVE BLANK) 5514
<input type="checkbox"/> 80. SUPPLEMENT					
INITIAL REPORT DATE					
OPERATOR #1					
OPERATOR #2					

CODE 55.

OP-2 STATED THAT THE ACCIDENT WAS HER FAULT OP-2
 STATED SHE WAS STOPPED BEHIND V-1 WHEN HER FOOT
 SLIPPED OFF THE BRAKE AND HER VEHICLE STRUCK
 V-1 IN THE REAR

56. INVESTIGATING OFFICER

RANK

D. NUMBER

57. SUPERVISOR'S APPROVAL DATE

58. REVIEWER

59.

R LEWIS

CPL

894

04/26/02

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